



The State of NC Youth...

- More than 1 in 10 students reported being physically harmed on purpose by a boyfriend or girlfriend in the past 12 months.¹
- 41.7% of North Carolina middle school students and 16.6% of North Carolina high school students have been bullied on school property.¹
- 19.2% of North Carolina middle school students and 13.2% of North Carolina high school students have considered suicide.¹
- 15.5% of high school students smoke and 193,000 kids now alive will die from a smoking-related disease.

Ripple Effects for North Carolina...

In order for North Carolina youth to become responsible, productive citizens, they need to grow and learn in environments where they feel safe. Ensuring adolescent safety and well-being improves an individual's likelihood of success, thereby supporting North Carolina's goal of developing a well-prepared and prosperous 21st century workforce. In addition, public health research indicates that youth who feel they have a positive future and access to future opportunities are more likely to adopt healthy behaviors.

How NC General Assembly Members Can Help...

Public Policy Measures

Preserve the School Violence Prevention Act

Ensures all students have access to a safe school environment and helps schools maintain a primary focus on learning

Preserve Minor's Consent to Health Care Services

Creates an environment where medical professionals can create a dialogue about healthy, safe behaviors, including substance use and mental health.

Ensure all North Carolina youth have the ability to access community colleges and public universities

A student's ability to envision a positive future for him or her self is directly related to the likelihood of that student developing healthy behaviors. North Carolina's Latino teens are of particular concern because many of their health indicators lag behind those of other demographic groups.

Budget Issues

Restore cuts and safeguard funding for School-Based Health Centers

- *\$1,378,633 from the NCGA provides a portion of funding for 32 of the state's 60 centers, which serve 26 counties .*
- *State funding has been cut by 12% while the number of centers established has increased, resulting in a more than 22% reduction for some individual centers.*
- *State funds have leveraged private funds for operations and staffing but are not enough to offset cuts.*
- *Centers increase the number of NC youth who have access to treatment and referrals for serious illness and injury, alcohol and substance abuse issues, weight, STDs, immunization, and chronic disease and mental (or behavioral) health.*

Restore cuts and safeguard funding for programs that help pregnant and parenting teens create supportive, safe environments for their children

- *Programs such as the state's child care subsidy program help children of young parents avert generational cycles of poverty, teen pregnancy, and other problems.*

Restore funding for tobacco prevention and cessation programs (TRU)

- *Tobacco prevention and cessation programs (TRU) were funded by a \$2.7 million federal block grant last year. The prevention programs received \$17.3 million in funding in fiscal year 2011-12.*
- *Between 1999 and 2011, the high school smoking rate in North Carolina dropped from 31.6% to 15.5%, which is largely attributed to the TRU program. Continued funding is needed to ensure smoking rates do not begin to increase.*

Current NC Statutes Affecting Student Well-Being & Mental Health

GS 115C-407.5 - School Violence Prevention

Ensures students have access to a learning environment free of hostility or harassment. The act specifically requires local school boards to implement policies and procedures to protect students from bullying or harassing behavior. The law provides thorough protection to all students by requiring local policies to include protections of students based on real or perceived status characteristics including race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, gender identity, physical appearance, sexual orientation, or mental, physical, developmental, or sensory disability.

GS 90-21.5 - Minor's Consent Sufficient for Certain Medical Health Services

(a) Minors may give effective consent for the prevention, treatment, or diagnosis of STDs/HIV, pregnancy, substance abuse, and emotional disturbance. **This law, enacted in 1971, is especially important to prevent the spread of STDs, to ensure pregnant minors seek responsible prenatal care, and in cases of abuse or incest.** Under this section, minors may not consent to abortion, sterilization, or admission to a 24-hour facility. Minors may seek emergency care as authorized in GS 122C-223.

(b) Any emancipated minor may consent to medical treatment, dental treatment, or health services for himself or his child.

References and Additional Resources

1. 2011 North Carolina Youth Risk Behavior Survey